



**The Commonwealth of Massachusetts**  
**Division of Professional Licensure**  
BOARD OF REGISTRATION OF  
SPEECH-LANGUAGE PATHOLOGY & AUDIOLOGY  
239 CAUSEWAY STREET  
BOSTON, MA 02114  
(617) 727-3071  
**WWW.MASS.GOV/DPL/BOARDS/SP**

**FORM 2 - SUPERVISED PROFESSIONAL PRACTICE REPORT – AUDIOLOGY**

- Instructions:**
- **Form 2** must be submitted to the Board within 30 days of the completion of the Professional Practice.
  - Type or Print in ink.
  - Please read carefully before completing.
  - If your supervisor changed, please submit a Form 1 to correlate with that portion of the Supervised Practice year. Also, you must forward a new Form 1 and Form 2 for all other supervisor(s).

**1. Audiology Applicant:** If name has changed since application your initial submission, **Name on Application:** \_\_\_\_\_

**Name:** \_\_\_\_\_  
(Last) (First) (Middle)

**Address:** \_\_\_\_\_  
(Number) (Street)  
\_\_\_\_\_  
(City) (State) (Zip)

**Phone:** ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
(Home) (Other)

**Write name as you wish it to appear on your license:**

\_\_\_\_\_  
(First Name) (Middle Initial) (Last Name)

**2. Professional Practice Site Information:**

**Site:** \_\_\_\_\_  
(Company Name) (Division/Department)

**Address:** \_\_\_\_\_  
(Number) (Street)  
\_\_\_\_\_  
(City) (State) (Zip)

**Beginning Date:** \_\_\_\_\_ **Ending Date:** \_\_\_\_\_ **Hours per Week:** \_\_\_\_\_  
(MM/DD/YYYY) (MM/DD/YYYY)

**3. Supervisor Information:**

**Name:** \_\_\_\_\_  
(Last) (First) (Middle)

**Address:** \_\_\_\_\_  
(Number) (Street)  
\_\_\_\_\_  
(City) (State) (Zip)

**Phone:** ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
(Business) (Other)

**4. Supervisor's Current Licensure Status:**

Massachusetts License#: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Other State (Specify): \_\_\_\_\_ License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**5. Supervisor's Professional Certification(s):**

ASHA/CCC-A Certification Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

AAA/ABA Certification Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**6. Audiology Applicant's Certification Track:** Please choose which Professional Organization Standards you followed:

<input type="checkbox"/>	American Speech-Language-Hearing Association: The current ASHA Standards and Implementation Procedures for a Certificate of Clinical Competence in Audiology. <a href="http://www.asha.org">www.asha.org</a>
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<input type="checkbox"/>	American Board of Audiology: The current requirements for Board Certification in Audiology by the American Board of Audiology. <a href="http://www.americanboardofaudiology.org">www.americanboardofaudiology.org</a>
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To be licensed as an Audiologist, an applicant must be of good moral character and meet the educational, clinical, supervised professional practice, and examination requirements specified in the applicant's chosen professional organization standards. Although standards created by professional organizations are referenced by the Board, the Board does not require that licensees obtain or maintain membership in said organizations. However, membership/certification of the supervisor may be required if the applicant seeks membership/certification in the chosen professional organization. Please contact the professional organizations for more information.

**7. Professional Practice Plan completion:**

**Has the applicant successfully fulfilled the Professional Practice Plan responsibilities as specified in Form 1?**

☐ Yes ☐ No **In no, please explain** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**8. Recommendation of Supervisor:**

I hereby ☐ recommend **OR** ☐ do not recommend for licensure as an AUDIOLOGIST.

\_\_\_\_\_  
**Applicant's Name** **Date**

\_\_\_\_\_  
**Supervisor's Signature** **Date**